

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18065

BIRTH NO.		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>5289</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY OR TOWN <u>GASHLAND</u>		c. LENGTH OF STAY (in this place) <u>10 YRS</u>		c. CITY OR TOWN <u>GASHLAND</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SPRING ST</u>				STREET ADDRESS (If rural, give location) <u>SPRING ST. 6000</u>			
3. NAME OF DECEASED (Type or Print) <u>BEN</u>		a. (First) <u>I</u>		c. (Last) <u>MATTIKI</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 5 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 27, 1888</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>TRENTO AUSTRIA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STONE MASON</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES MATTIKI</u>	
13b. MOTHER'S MAIDEN NAME <u>LENA ANESIA</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-09-6524</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>JAMES MATTIKI</u>		ADDRESS <u>PARKVILLE</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition - Inanition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Obstructions due to Adeno Carcinoma</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>N</u>		22. I hereby certify that I attended the deceased from <u>March 28, 1955</u> , to <u>July 5, 1955</u> , that I last saw the deceased alive on <u>July 4, 1955</u> , and that death occurred at <u>3 A.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>A. B. Johnson</u> (Degree or title)		23b. ADDRESS <u>Gashland, Mo.</u>	
23c. DATE SIGNED <u>7/6/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 9-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Novinger Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Novinger, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newton</u>		ADDRESS <u>Don N. K.C.</u>		DATE REC'D BY LOCAL REG. <u>7-9-55</u>	
REGISTRAR'S SIGNATURE <u>Alice Humphries</u>		494561		D. W. Newton		(Licensed Embalmer's Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 458

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.